2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P24548

1. Entity Name
JOHN J. KIRLIN, INC.

Principal Place of Business	Mailing Address
515 DOVER RD., #2100	515 DOVER RD., #2100
ROCKVILLE, MD 20850	ROCKVILLE, MD 20850

DO NOT WRITE IN THIS SPACE

05052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
52-1213296	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000167307 07/19/04-80020-004 550.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DAY, WAYNE T
STREET ADDRESS	515 DOVER RD.
CITY-ST-ZIP	ROCKVILLE, MD 20850

TITLE	VPS
NAME	MACK, MICHAEL A
STREET ADDRESS	515 DOVER RD.
CITY-ST-ZIP	ROCKVILLE, MD 20850

TITLE	CFO
NAME	GOODRUM, WILLIAM J
STREET ADDRESS	515 DOVER RD.
CITY-ST-ZIP	ROCKVILLE, MD 20850

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #